

CHILD STUDY AND TREATMENT CENTER
8805 Steilacoom Boulevard, SW, Lakewood, WA 98498

POLICY 504: PATIENT GRIEVANCES

PURPOSE: To provide patients at CSTC a formal process to resolve concerns and/or complaints.

AUTHORIZING SOURCE: DSHS Admin Policy No. 8.01; RCW 71.05; JCAHO RI.2.120

POLICY:

The opinions and grievances of patients will be treated with respect by all staff. Support for conflict resolution and problem-solving efforts will be demonstrated.

All cottage programs will include a forum for patients to have input regarding rules, routines, and activities. This system may include a regular community meeting, a cottage government (if applicable), a suggestion box, or other means by which patients can voice complaints or make suggestions.

A patient who does not feel his/her complaint can be dealt with through the cottage line staff may file a grievance with the Cottage Supervisor or Program Director. The receiving party will review the grievance and attempt to resolve it within three working days.

If the decision of the Cottage Supervisor or Program Director is unacceptable to the patient, the patient may appeal the complaint to the Director of Nursing (DNS) or Director of Quality Management (DQM). The receiving party will review the grievance and attempt to resolve it within five working days.

Complaint forms will be available in all cottages. The process will be explained during the patient's initial orientation to CSTC.

Processed complaint forms will be routed to the office of the DQM. Reports of Patient Grievances will be reviewed at the Quarterly Quality Improvement Meeting.

A complaint or grievance that represents an immediate or serious threat to patient health, well-being or safety, whether or not it is resolved at the Cottage Supervisor or Program Director level, will also require notification of the CEO.

PROCEDURE

Action By:

Action:

Assigned Direct Care Staff

1. Provide an explanation of the process to resolve complaints and Grievances and a copy of the Grievance form to the patient at orientation.
2. Support patients to resolve problems and concerns in the milieu, whenever possible.

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	<ol style="list-style-type: none">3. Provide a copy of the Patient Grievance Form when indicated. When it is not clear whether the formal process is requested, the patient should be asked if he/she wants to file a grievance.4. Assist patients to write grievance as needed.
Supervisor/Program Director	<ol style="list-style-type: none">1. Maintain a supply of Patient Grievance Forms readily accessible to patients on the cottage.2. Upon receipt of a patient grievance, meet with the patient to discuss the issue within 3 working days of receipt.3. If resolved at this level, provide the DQM with a copy of the completed grievance form.4. If the patient wishes to appeal the decision of the Cottage Supervisor or the Program Director, provide a copy of the form to the patient and send the original to the DNS and DQM.
DNS or Dir. Of Quality Management	<ol style="list-style-type: none">1. Within 3 working days upon receipt of the unresolved Grievance form, the DNS or DQM will respond to the grievant.2. Provide the patient with a copy of your written response, including the steps taken to investigate the grievance, the results and completion date. In a situation where personnel action is taken as part of the resolution, the only information that may be shared with the grievant is, "personnel action in progress".3. Forward the form to the DQM for data tracking and filing.
Dir. Of Quality Management	<ol style="list-style-type: none">1. Track Patient Grievances and report data through Quarterly Quality Improvement Meeting.

Rick Mehlman, CEO

Revised: October 2005

Revised: January 2008

CHILD STUDY AND TREATMENT CENTER
PATIENT GRIEVANCE FORM

Date: _____

Name: _____ Cottage: _____

Issue: _____

What would you like to see happen to make it better: _____

Patient: _____

Supervisor Response:

Signature: _____ Date: _____

I wish to appeal this decision to the DNS or Quality Manager:

yes _____ no _____

Patient Signature: _____

DNS or Quality Manager Response:

Signature: _____ Date: _____

January 2008